

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/762996

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(1)					59						
10		(1)					60						
11		(1)					61						
12		(1)					62						
13		(1)					63						
14		(1)					64						
15		(1)					65						
16	1						66						
17		1					67						
18		2					68						
19		(1)					69						
20		(1)					70						
21		(1)					71						
22		(1)					72						
23		(1)					73						
24		(1)					74						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	27	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLA.	29						TOTAL CLA.						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS